

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

LME Alternative Service Request for Use of DMHDDSAS State Funds

**For Proposed MH/DD/SAS Service Not Included
in Approved Statewide IPRS Service Array**

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Eastpointe		b. Date Submitted 10/10/08
c. Name of Proposed LME Alternative Service After Care Support: A Statewide Alt-Service Definition as of Jan 2011 – YA337		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title) Terry Boyette – Reimbursement Officer	f. E-Mail tboyette@eastpointe.net	g. Phone No. 919-587-0324
<u>Background and Instructions:</u> This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an <i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i> This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service. Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.		

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service

(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format.

Rows may be expanded as necessary to fully respond to questions.)

Complete items 1 through 28, as appropriate, for all requests.

1	<p>Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i></p> <p><u>After Care Support</u> – Peer Support Specialist will coordinate with Care Coordinators to ensure service linkage with patients being discharged with state hospitals.</p> <p>Typical services will include: Initial contact after hospitalization, meet consumer at hospital at time of discharge, return consumer to stable community environment (make sure bills paid, home has electricity, etc.), reinstate Medicaid Benefits with Department of Social Services if applicable, ensure aftercare appointment are kept by providing transportation, and linkage with provider of enhanced benefits services.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <p>To increase the success rate for continuity of care, Peer Support Specialist will be instrumental in transitioning clients from inpatient care into the community.</p> <ul style="list-style-type: none"> • Consumer access issues to current service array • Consumer barrier(s) to receipt of services- <i>With the initiation of Implementation Update # 49 on 9/2/08- all individuals receiving Medicaid Benefits will have those benefits temporarily suspended at the time of any hospitalization. This creates a huge barrier to receiving services once a consumer is released back into the community. Community Support Services can no longer receive the unmanaged community support hours- nor can they bill for a consumer while they are in the hospital. This creates a huge “gap” and possibility for consumers to “fall through the cracks.” On the same note- for consumers only receiving basic benefits prior to a hospitalization- but obviously needing a high level of service because of the current hospitalization, services could not be initiated until the benefits are reinstated which cannot happen while</i>

	<p><i>to consumer remains within the hospital. There is no billing ability to plan and prepare for discharge from the hospital. The majority of private providers will not see consumers unless they can bill for a service provided. Additionally, the clinical home of the consumer will not always be able to meet the client at the hospital within a few hours. Often the hospital will discharge the client with little notice. Eastpointe has contracted with a company that has space on the Cherry Hospital Campus, thus can have a peer support specialist working with a client with little notice.</i></p> <ul style="list-style-type: none"> • Consumer special services need(s) outside of current service array- see statements above- for time period specified for the requested service there is no billable service. • Configuration and costing of special services • Special service delivery issues • Qualified provider availability- this service may be completed by any endorsed/contracted community support provider. • Other provider specific issues
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <ul style="list-style-type: none"> • <i>With the initiation of Implementation Update # 49 on 9/2/08- all individuals receiving Medicaid Benefits will have those benefits temporarily suspended at the time of any hospitalization. This creates a huge barrier to receiving services once a consumer is released back into the community. Community Support Services can no longer receive the unmanaged community support hours- nor can they bill for a consumer while they are in the hospital. This creates a huge “gap” and possibility for consumers to “fall through the cracks.” On the same note- for consumers only receiving basic benefits prior to a hospitalization- but obviously needing a high level of service because of the current hospitalization, services could not be initiated until the benefits are reinstated which cannot happen while to consumer remains within the hospital. There is no billing ability to plan and prepare for discharge from the hospital. The majority of private providers will not see consumers unless they can bill for a service provided.</i>
4	<p>Please indicate the LME’s Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service: 900</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service 90,000</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p>

[illegible]

	Same as required for and basic or enhanced benefit service that the provider is contracted with the LME to provide, utilizing the most restrictive according to the staff utilized.
14	Requisite Staff Training Same as required for and basic or enhanced benefit service that the provider is contracted with the LME to provide, utilizing the most restrictive according to the staff utilized. Also includes basic core rules training requirements.
15	Service Type/Setting Service typically rendered beginning at hospital discharge and continued to outpatient crisis provider's facility and/or to community support provider.
16	Program Requirements <ul style="list-style-type: none"> • Individual service • One to one service ratio • Contracted with LME for basic or enhanced services
17	Entrance Criteria <i>Any individual discharged from hospital services and is an Eastpointe Consumer is eligible for the service</i>
18	Entrance Process Social worker at the appropriate hospital would contact the Eastpointe Care Coordinator to arrange for the service. Consumer will be screened if needed and placed into the Eastpointe system to ensure authorization.
19	Continued Stay Criteria N/A
20	Discharge Criteria N/A
21	Evaluation of Consumer Outcomes and Perception of Care <ul style="list-style-type: none"> • Outcomes will center around re-introduction to community and addressing related concerns such as housing, medications, follow-up therapy, keeping aftercare appointments, initiation of enhanced benefits services, reinstating of Medicaid benefits, etc. • Recidivism of hospitalization rate to be reduced via thoughtful reintroduction to community services.
22	Service Documentation Requirements <i>Individual service note- Each discharge event shall be adequately noted in patient's record upon delivery to community provider.</i>

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If “No”, please explain.</i>
23	Service Exclusions N/A
24	Service Limitations <i>One event per discharge from hospitalization.</i>
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service <i>This service shall help to ensure that consumers discharged receive initial appropriate follow-up upon discharge from hospitalization and that adequate reintroduction to the community.</i>
26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service Data capture and quarterly review by LME care coordination staff and financial staff regarding outcomes and program expenses.
27	LME Additional Explanatory Detail (as needed)